

Pro Se 7 (Rev 09/16) Complaint for Employment Discrimination

# UNITED STATES DISTRICT COURT

for the  
District of

Appendix D

**MELEK FOSTER**

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint.  
If the names of all the plaintiffs cannot fit in the space above,  
please write "see attached" in the space and attach an additional  
page with the full list of names.)

-v-

**DEPARTMENT OF THE AIR FORCE**  
**Headquarters Air Force Reserves Command,**  
**Robins AFB, Georgia**

Defendant(s)

(Write the full name of each defendant who is being sued. If the  
names of all the defendants cannot fit in the space above, please  
write "see attached" in the space and attach an additional page  
with the full list of names.)

Case No. \_\_\_\_\_

(to be filled in by the Clerk's Office)

Jury Trial: (check one) ☐ Yes ☐ No

## COMPLAINT FOR EMPLOYMENT DISCRIMINATION

### I. The Parties to This Complaint

#### A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Melek Foster
Street Address	216 Carrington Lane
City and County	Centerville,
State and Zip Code	Georgia, 31028
Telephone Number	478-951-5922
E-mail Address	Melek72lefkosa@gmail.com melek72lefkosa@yahoo.com

#### B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

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Defendant No. 1

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Name Major General Kathryn Johnson  
 Job or Title *(if known)* Commander, HQ Reserves A4, Robins AFB, Ga  
 Street Address 210 Richard Ray Blvd.  
 City and County Warner Robins AFB Houston County  
 State and Zip Code Warner Robins, 31098  
 Telephone Number \_\_\_\_\_  
 E-mail Address *(if known)* \_\_\_\_\_

## Defendant No. 2

Name Florencia L. Lopez  
 Job or Title *(if known)* Office Manager, HQ/A4  
 Street Address 210 Richard Ray Blvd  
 City and County Warner Robins AFB, Houston County  
 State and Zip Code Georgia, 30198  
 Telephone Number \_\_\_\_\_  
 E-mail Address *(if known)* Florencia.lopez@us.af.mil

## Defendant No. 3

Name \_\_\_\_\_  
 Job or Title *(if known)* \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City and County \_\_\_\_\_  
 State and Zip Code \_\_\_\_\_  
 Telephone Number \_\_\_\_\_  
 E-mail Address *(if known)* \_\_\_\_\_

## Defendant No. 4

Name \_\_\_\_\_  
 Job or Title *(if known)* \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City and County \_\_\_\_\_  
 State and Zip Code \_\_\_\_\_  
 Telephone Number \_\_\_\_\_  
 E-mail Address *(if known)* \_\_\_\_\_

**C. Place of Employment**

The address at which I sought employment or was employed by the defendant(s) is

Name Warner Robins AFB  
 Street Address \_\_\_\_\_

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State and Zip Code

GEORGIA, 31098

Telephone Number

478-327-1009

**II. Basis for Jurisdiction**

This action is brought for discrimination in employment pursuant to (check all that apply):

X

**Title VII of the Civil Rights Act of 1964 as codified 42 U.S.C. 66 2000e to 2000e-17 (race, Color, Gender, religion, national origin).**

(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)

X

**Age Discrimination in Employment Act of 1967 as codified 29 U.S.C. 66 621 to 634.**

(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)

X

**Americans with Disabilities Act of 1990, as codified, 42 U.S.C. 66 12112 to 12117.**

(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)

Other federal law (specify the federal law):

Relevant state law (specify, if known):

Relevant city or county law (specify, if known):

**III. Statement of Claim**

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

(\*See attached document with statement)

A. The discriminatory conduct of which I complain in this action includes (check all that apply):

Failure to hire me.

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- ☐ Termination of my employment.  
☐ Failure to promote me.  
☒ **Failure to accommodate my disability.**  
☐ Unequal terms and conditions of my employment.  
☐ Retaliation.  
☒ **Other acts (specify): *Hostile work environment***

*(Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.)*

- B. It is my best recollection that the alleged discriminatory acts occurred on date(s) \_\_\_\_\_  
Between August 2016 – February 2017

I believe that defendant(s) (check one):

- ☐ is/are still committing these acts against me.  
☐ is/are not still committing these acts against me.

- D. Defendant(s) discriminated against me based on my (check all that apply and explain):

- ☒ **race** \_\_\_\_\_  
☐ color \_\_\_\_\_  
☐ gender/sex \_\_\_\_\_  
☐ religion \_\_\_\_\_  
☒ **national origin** \_\_\_\_\_  
☐ age (year of birth) \_\_\_\_\_ (only when asserting a claim of age discrimination.)  
☒ **disability or perceived disability (specify disability)**  
**Hearing Impairment (Loss of hearing in both ears)**

The facts of my case are as follows. Attach additional pages if needed.

I was employed with Robins AFB, in the HQ AFRC/A4. In or around August 2016 there was a change in Commander and two units were joined as part of a realignment effort. My old Commander, transitioned out and the New Commander and her staff transition into my office. Soon after, I was questioned about my national origin, where I was from and about my kids pictures. My duties changed a some as well. I was being required to take notes during meetings. I have 100% hearing loss in one ear and over 70% in the other. So I have to read lips and try to see the person that is talking to understand what is being said. In a meeting environment, multiple people may speak, and with my hearing aid, it become confusion as to who is taking and what is being said. So in September/October time from of 2016 I requested a tape recorder to record the meeting so I could play it back later to transcribe it. I was told first by Mr. Lopez no I could not get one, so I went to the General, ask her, and told her way. She told me no as well. I began to be hassled by Mr. Lopez while at work. I reported his behavior and finally reported it to the Union. It became so intolerable, that my medical condition (Anxiety and depression) starting causing physical changes, where I had to stay away from work to calm down, I was given new medications, and finally my doctor took me out of work for safety reason because of the way it was impacting me.

On October 2016 around the 27<sup>th</sup>, I left work and was not able to medical clearance to return, unless I was moved out of that environment. That never happened and my doctors would not sign a medical release allowing me return. Without that, the Agency would not allow me to return. So I use up all my leave, went on LWOP until finally the Agency started charging me AWOL. I was forced to Retire after a year of no income. I used up all my saving in TSP and my bank account.

Both General Johnson, and Mr. Lopez as my senior officials could have given me the reasonable accommodation or stopped the harassment. Instead, they stated that I never gave them the medical documentation of my hearing loss until after I did my ROI. This this has been apart of my medical records on base since I have been there, over 34 years.

Relief sought, to be compensated for all my savings I had to use to sustain myself during this ordeal. To be repaid for the loans I had to take out just to keep my home and pay other bills. Since I'm retired, I want to be paid punitive damage for the emotional stress they put me through.

General Johnson, was my Commander and supervisor. She could have accommodated me or moved me any where within the organization, it was within her authority to do so. She chose to do nothing and not even grant me the accommodations of reassignment, a tape recorder to do my job, or a workplace free of harassment.

Mr. Lopez, as the office manager, could have also granted the accommodations. In stead he harassed me about my reporting time (I was on a flex schedule) then he changed it. Started assignment me to take notes at meeting, but knew I had trouble doing so because of my hearing impairment. We had a second secretary, that could have performed this, but she wasn't asked. She was younger and he flirted with her a lot. I was asked numerous time to just retire.

The Agency's failure to accommodate me or to engage in the interactive process, caused me to lose not only all my leave, but some of my seniority towards retirement. When you go into a LWOP status after 80 your time stops accruing. I was charged with AWOL which were grounds for termination. I was not on voluntary leave as stated, I was not able to return to work because I could not get a release from my treating physicians who feared for my health if I returned to that office. In there notes it states that I should not return to that office and should be reassigned or moved. The agency stated that I failed to engage with them, but my union representative were in consent contact with him on my behalf and I was still calling in to work and talked to him, this topic never came up and they never asked me. Although we communicated via email and telephone.

The Agency failed to accommodate me or my disability.

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*(Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)*

**IV. Exhaustion of Federal Administrative Remedies**

- A.** It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on *(date)*

29 September 2016

- B.** The Equal Employment Opportunity Commission *(check one)*:

☒ has not issued a Notice of Right to Sue letter.

☐ issued a Notice of Right to Sue letter which I received on *(date)*

*(Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)*

- C.** Only litigants alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct *(check one)*:

☒ 60 days or more have ~~elapsed~~ <sup>elapsed</sup>.

☐ less than 60 days have ~~elapsed~~ <sup>elapsed</sup>.

**V. Relief**

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

I'm requesting to be reimbursed for all funds I had to take out of my Thrift Saving Account in order to sustain myself approx. \$50,000.00. and 10K in loans. I would like to be reimbursed for all my doctor visits —co pay charges. I would like to seek punitive damages for the emotional stress I was subjected too based on what is allowable by law. I'm requesting \$300,000 dollars because during this 12-18 month ordeal I did know where my next meal would come from, I didn't know if I was going to lose my house or car, and this triggered my anxiety and depression as well as my doctor visits just to try to keep sane. I can have my doctors testify to these events. I just want to be made whole. I still had a lot of years left to work, and that was taken from me.

**VI. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 23 June 2020

Signature of Plaintiff

Printed Name of Plaintiff

Melvin Foster

Melvin Foster

**B. For Attorneys**

Date of signing: \_\_\_\_\_

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address

W/D